

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 7/28/2010
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0014749

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is patient with a date of injury of July 28, 2010. A utilization review report dated August 8, 2013 recommends non-certification for home health. A progress report dated August 8, 2013 includes subjective complaints stating "the patient continues to improve. She is now three months post lumbar decompression at L4 through S1 and fusion of L5-S1. By Dr. [REDACTED]. She did have much more problem with her right leg before surgery now that is improved." The note goes on to state she is still having some residual numbness and a little weakness in her left lower extremity. The pain is between 5-8 out of 10. Physical examination identifies reduced range of motion of the lumbar spine and positive straight leg raise on the left. Treatment plan recommends starting physical therapy, continue medications," due to severe pain and use of narcotics as well as limited physical ability in the postoperative period, it is essential this patient have home health care for the next 12 weeks, eight hours a day seven days a week. At the end of 12 weeks, we will reevaluate the need for additional home health care." A note dated May 16, 2013 states "today I received a request and a letter from [REDACTED] RN utilization nurse from [REDACTED] dated May 14, 2013 to review the evaluation and the recommendations of the nurse that evaluated the need for home health assistance. [REDACTED], RN, had submitted a report on May 9, 2013 which I reviewed and I concurred with her findings. Her assessments are accurate and therefore the recommendation by [REDACTED], RN of six hours per day five days per week for eight weeks is reasonable and appropriate." A nursing assessment dated May 9, 2013 is largely illegible. The note states "treatment provided: nurse removed old dressing, no drainage, no edema, no signs or symptoms of infection, applied sterile pad over incision. Patients daughters will change dressing as needed." A typed version of that note states "activities of daily living: patient has difficulty was unable to dress, shower, needs to be monitored while bathing for safety precautions, cooking, meal preparation, house cleaning, and laundry due to patient has restrictions no bending no twisting, no stooping, no driving, no lifting because of limited mobility in constant pain. Patient is not able to walk or stand for long periods of time due to physical limitations and constant pain." Psychosocial assessment states "patient lives with her husband, her mother, daughter and daughters of two young children." The note goes on to state "patient's husband is a truck driver and is not home for 1-2 weeks at a time. He is not able to care

for patient. Her mother is 80 years old and is deaf-mute and she's unable to care for patient. Patients' daughter will start work on May 10 she leaves for work at 7 AM and does not get home until 8 PM. Her daughter is able to care for patient during the night due to her physical limitations, limited mobility and constant pain."

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for home health aide for six hours per day, five days per week for four weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS and Milliman Clinical Guidelines and the Official Disability Guidelines (ODG), which are not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Pain Chapter.

The Physician Reviewer's decision rationale:

Regarding the request for home health aide, California MTUS guidelines do not address the request for home health aide. ODG states that home health services are recommended only for otherwise recommended medical treatments for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. They go on to state the medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, using bathroom when this is the only care needed. Within the documentation available for review, is unclear exactly what medical treatments are required by the home health aide. The assessment on May 8 seems to recommend homemaker services such as cleaning, preparing food, bathing and dressing. Additionally, it is unclear why the employee continues to need home health services. There is no recent home health evaluation recommending ongoing medical treatment for the employee at the current time. Additionally, no recent physician notes seem to indicate any specific medical treatments which would need to be provided by home health services. **The request for home health aide for six hours per day, five days per week for four weeks is not medically necessary and appropriate.**

/amm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

[REDACTED]

[REDACTED]